Revised 06/05

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics



Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

| EO | DM | G | RG |
|----|----|---|----|

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state.

| For off  | ice use only     |
|----------|------------------|
| Audited  |                  |
| Checked  |                  |
| Computer |                  |
|          | <del>&amp;</del> |

| EPARTMENT OR OFFICE RECEIVING THE GIFT              | , BEQUEST, OR GRANT:                            |          |          |
|---|---|----------|----------|
| State Training School                               |   | - 33     | - E.     |
| Name of Department or Office<br>3211 Edgington Ave. | Eldera, IA. 50627                               | ف        | 3        |
| Mailing Address                                     | City, State, Zip Code                           |          | 125      |
| Area Code & Telephone No.                           |   | <u> </u> |          |
| CONTACT PERSON FOR RECIPIENT DEPARTME               | ENT OR OFFICE:                                  | P==      | <i>₹</i> |
| Kristin Hagedon                                     |   | 9        | 500      |
| Name<br>3211 Edgington Ave.                         | Eidora, IA, 50627                               |          |          |
| Mailing Address (if different from above)           | City, State, Zip (if different from above)      |          | i        |
| kingedo@dis.smto.in.us                              |   | ·        |          |
| Email Address                                       | Area Code & Telephone Number (If different from | above)   |          |

## DONOR OF GIFT, BEQUEST, OR GRANT:

| Wellsburg Reformed Ch             | urch, c/o H. & K. Lindaman |  |               |
|-----------------------------------|----------------------------|--|---------------|
| Name                              | Wellsburg, IA 50680        |  |               |
| 13982 130th St<br>Mailing Address | City, State, Zip Code      | 12/8/10  | s 115.00      |
|                                   |                            | Date of Gift, Bequest, or Grant  | Amount/Value* |
| Area Code & Telephone Number      |                            | "value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". |               |
| Email Address (optional)          |                            |  |               |

Provide a description of the gift, bequest, or grant and purpose thereof.

Money donated to be used for \$5.00 per student to make phone calls.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Kristin Hagedon affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

rustin Hagedon

12/9/10